AMENDMENT TRANSMITTAL LETTER (Sn. Applicant(s):				ntity)		Docket No. 14/1454US		
Application No.	Filing Date	Examiner		Customer N	10.	Group Art Unit	Confirmation No.	
10/656,653	3 Sept 2003	D. P. Erezo		22822		3731	8300	
Invention: Laryngeal Mask						2,22	0000	
COMMISSIONER FOR PATENTS:								
Transmitted herewith is an amendment in the above-identified application.								
Applicant claims small entity status. See 37 CFR 1.27								
The fee has been calculated and is transmitted as shown below.								
CLAIMS AS AMENDED								
	CLAIMS REMAINING	HIGHEST #	NUMBE	R EXTRA			ADDITIONAL	
	AFTER AMENDMENT	PREV. PAID FOR	CLAIMS	PRESENT		RATE	FEE	
TOTAL CLAIMS	46 -	45 =		1	Х	\$25.00	\$25.00	
INDEP. CLAIMS	15 -	15 =		0	Х	\$100.00	\$0.00	
Multiple Dependent Claims (check if applicable)								
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT							\$25.00	
No additional fee is required for amendment. Please charge Deposit Account No. in the amount of A check in the amount of to cover the filing fee is enclosed. The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. Any additional filing fees required under 37 C.F.R. 1.16. Any patent application processing fees under 37 CFR 1.17. Payment by credit card. Form PTO-2038 is attached. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. Dated: 31 January 2007 Certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1 8(a)] on 31 Jan 2007 (Date)								
				Electronically filed Signature of Person Mailing Correspondence				
ce:				Typed or Printed Name of Person Mailing Correspondence				